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# HOUSE BILL No. 1684

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## DIGEST OF INTRODUCED BILL

**Citations Affected:** IC 5-10-8-7.9; IC 27-8-14.9; IC 27-13-7-19.

**Synopsis:** Coverage of infertility treatment. Provides that: (1) the state; (2) a health insurer; and (3) a health maintenance organization; must provide coverage for the diagnosis and treatment of infertility for one pregnancy that results in the birth of a child.

**Effective:** July 1, 2005.

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## Van Haaften

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January 19, 2005, read first time and referred to Committee on Insurance.

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Introduced

First Regular Session 114th General Assembly (2005)

PRINTING CODE. Amendments: Whenever an existing statute (or a section of the Indiana Constitution) is being amended, the text of the existing provision will appear in this style type, additions will appear in **this style type**, and deletions will appear in ~~this style type~~.

Additions: Whenever a new statutory provision is being enacted (or a new constitutional provision adopted), the text of the new provision will appear in **this style type**. Also, the word **NEW** will appear in that style type in the introductory clause of each SECTION that adds a new provision to the Indiana Code or the Indiana Constitution.

Conflict reconciliation: Text in a statute in *this style type* or ~~this style type~~ reconciles conflicts between statutes enacted by the 2004 Regular Session of the General Assembly.

## HOUSE BILL No. 1684

A BILL FOR AN ACT to amend the Indiana Code concerning insurance.

*Be it enacted by the General Assembly of the State of Indiana:*

1 SECTION 1. IC 5-10-8-7.9 IS ADDED TO THE INDIANA CODE  
2 AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY  
3 1, 2005]: **Sec. 7.9. (a) As used in this section, "covered individual"**  
4 **means a person who is:**

- 5 (1) **covered under a self-insurance program established under**  
6 **section 7(b) of this chapter to provide health care coverage; or**  
7 (2) **entitled to services under a contract entered into under**  
8 **section 7(c) of this chapter to provide health services through**  
9 **a prepaid health care delivery plan.**

10 (b) **As used in this section, "health care plan" means:**

- 11 (1) **a self-insurance program established under section 7(b) of**  
12 **this chapter to provide health care coverage; or**  
13 (2) **a contract entered into under section 7(c) of this chapter**  
14 **to provide health services through a prepaid health care**  
15 **delivery plan.**

16 (c) **As used in this section, "infertility" means the inability to**  
17 **conceive a child after at least one (1) year of unprotected sexual**

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intercourse or the inability to sustain a successful pregnancy.

(d) A self-insurance program established under section 7(b) of this chapter to provide health care coverage must provide a covered individual with coverage for the diagnosis and treatment of infertility.

(e) A contract with a prepaid health care delivery plan that is entered into or renewed under section 7(c) of this chapter must provide a covered individual with services for the diagnosis and treatment of infertility.

(f) Subject to subsections (g) and (h), the coverage for the diagnosis and treatment of infertility that must be provided to a covered individual under this section includes the following procedures:

- (1) In vitro fertilization.
- (2) Assisted hatching.
- (3) Embryo transfer.
- (4) Artificial insemination.
- (5) Gamete intrafallopian tube transfer.
- (6) Zygote intrafallopian tube transfer.
- (7) Intracytoplasmic sperm injection.
- (8) Transvaginal assisted ovulation.
- (9) Cryopreservation.

(g) Subject to subsection (h), a health care plan is required under this chapter to cover procedures for in vitro fertilization, gamete intrafallopian tube transfer, or zygote intrafallopian tube transfer for a covered individual only if:

- (1) the covered individual has not been able to attain or sustain a successful pregnancy through reasonable, less costly, medically appropriate infertility treatments for which coverage is available under the health care plan;
- (2) the covered individual has not been able to sustain a successful pregnancy that resulted in the birth of a child through fertility treatment;
- (3) the covered individual has undergone not more than three (3) oocyte retrievals;
- (4) the procedures for in vitro fertilization, gamete intrafallopian tube transfer, or zygote intrafallopian tube transfer are performed at medical facilities that conform to the guidelines of the American College of Obstetricians and Gynecologists for in vitro fertilization clinics; and
- (5) the procedure is performed by a physician whose practice involves the diagnosis or treatment of infertility for at least

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fifty percent (50%) of the physician's patients.

(h) A health care plan may not cover a procedure under subsection (f) if the procedure involves the disposal of fertilized eggs.

SECTION 2. IC 27-8-14.9 IS ADDED TO THE INDIANA CODE AS A NEW CHAPTER TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2005]:

**Chapter 14.9. Coverage for Infertility Treatment**

**Sec. 1. (a)** As used in this chapter, "accident and sickness insurance policy" means an insurance policy that:

(1) provides at least one (1) of the types of insurance described in Class 1(b) and Class 2(a) of IC 27-1-5-1; and

(2) is written on an individual or a group basis.

**(b)** The term does not include the following:

(1) Accident only, credit, dental, vision, Medicare supplement, long term care, or disability income insurance.

(2) Coverage issued as a supplement to liability insurance.

(3) Automobile medical payment insurance.

(4) A specified disease policy.

(5) A limited benefit health insurance policy.

(6) A short term insurance plan that:

(A) may not be renewed; and

(B) has a duration of not more than six (6) months.

(7) A policy that provides a stipulated daily, weekly, or monthly payment to an insured during hospital confinement, without regard to the actual expense of the confinement.

(8) Worker's compensation or similar insurance.

(9) A student health insurance policy.

**Sec. 2.** As used in this chapter, "infertility" means the inability to conceive a child after at least one (1) year of unprotected sexual intercourse or the inability to sustain a successful pregnancy.

**Sec. 3.** As used in this chapter, "insured" means an individual who is entitled to coverage under an accident and sickness insurance policy.

**Sec. 4. (a)** Except as provided in subsection (b), an accident and sickness insurance policy that provides pregnancy related benefits may not be issued, delivered, amended, or renewed in Indiana unless it covers for an insured the diagnosis and treatment of infertility for one (1) pregnancy that results in the birth of a child.

**(b)** This chapter does not require the diagnosis and treatment of infertility in an accident and sickness insurance policy that is issued to:

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1 (1) a religious institution or organization; or  
 2 (2) an entity sponsored by a religious institution or  
 3 organization;  
 4 that finds the procedures in section 5 of this chapter incompatible  
 5 with its religious and moral teachings and beliefs.

6 Sec. 5. Subject to sections 6 and 7 of this chapter, the coverage  
 7 for the diagnosis and treatment of infertility that must be provided  
 8 in an accident and sickness insurance policy under this chapter  
 9 includes the following procedures:

- 10 (1) In vitro fertilization.
- 11 (2) Assisted hatching.
- 12 (3) Embryo transfer.
- 13 (4) Artificial insemination.
- 14 (5) Gamete intrafallopian tube transfer.
- 15 (6) Zygote intrafallopian tube transfer.
- 16 (7) Intracytoplasmic sperm injection.
- 17 (8) Transvaginal assisted ovulation.
- 18 (9) Cryopreservation.

19 Sec. 6. Subject to section 7 of this chapter, an insurer is required  
 20 under this chapter to cover procedures for in vitro fertilization,  
 21 gamete intrafallopian tube transfer, or zygote intrafallopian tube  
 22 transfer for an insured individual only if:

- 23 (1) the individual has not been able to attain or sustain a  
 24 successful pregnancy through reasonable, less costly,  
 25 medically appropriate infertility treatments for which  
 26 coverage is available under the policy;
- 27 (2) the individual has not been able to sustain a successful  
 28 pregnancy that resulted in the birth of a child through fertility  
 29 treatment;
- 30 (3) the individual has undergone not more than three (3)  
 31 oocyte retrievals;
- 32 (4) the procedures for in vitro fertilization, gamete  
 33 intrafallopian tube transfer, or zygote intrafallopian tube  
 34 transfer are performed at medical facilities that conform to  
 35 the guidelines of the American College of Obstetricians and  
 36 Gynecologists for in vitro fertilization clinics; and
- 37 (5) the procedure is performed by a physician whose practice  
 38 involves the diagnosis or treatment of infertility for at least  
 39 fifty percent (50%) of the physician's patients.

40 Sec. 7. An insurer may not cover a procedure under section 5 of  
 41 this chapter if the procedure involves the disposal of fertilized eggs.

42 SECTION 3. IC 27-13-7-19 IS ADDED TO THE INDIANA CODE

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1 AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY  
2 1, 2005]: Sec. 19. (a) As used in this section, "infertility" means the  
3 inability to conceive a child after at least one (1) year of  
4 unprotected sexual intercourse or the inability to sustain a  
5 successful pregnancy.

6 (b) Except as provided in subsection (c), an individual contract  
7 or a group contract with a health maintenance organization that  
8 provides pregnancy related benefits may not be entered into,  
9 delivered, amended, or renewed in Indiana unless it covers for an  
10 enrollee the diagnosis and treatment of infertility for one (1)  
11 pregnancy that results in the birth of a child.

12 (c) This chapter does not require coverage for the diagnosis and  
13 treatment of infertility in a group contract that is entered into  
14 with:

- 15 (1) a religious institution or organization; or
- 16 (2) an entity sponsored by a religious institution or  
17 organization;

18 that finds the procedures in subsection (d) incompatible with its  
19 religious and moral teachings and beliefs.

20 (d) Subject to subsections (e) and (f), the coverage for the  
21 diagnosis and treatment of infertility that must be provided by an  
22 individual contract or group contract under this section includes  
23 the following procedures as in-plan covered services or out-of-plan  
24 covered services:

- 25 (1) In vitro fertilization.
- 26 (2) Assisted hatching.
- 27 (3) Embryo transfer.
- 28 (4) Artificial insemination.
- 29 (5) Gamete intrafallopian tube transfer.
- 30 (6) Zygote intrafallopian tube transfer.
- 31 (7) Intracytoplasmic sperm injection.
- 32 (8) Transvaginal assisted ovulation.
- 33 (9) Cryopreservation.

34 (e) Subject to subsection (f), a health maintenance organization  
35 is required under this section to cover procedures for in vitro  
36 fertilization, gamete intrafallopian tube transfer, or zygote  
37 intrafallopian tube transfer for an enrollee only if:

- 38 (1) the enrollee has not been able to attain or sustain a  
39 successful pregnancy through reasonable, less costly,  
40 medically appropriate infertility treatments that are in-plan  
41 covered services available under the individual contract or the  
42 group contract;

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(2) the enrollee has not been able to sustain a successful pregnancy that resulted in the birth of a child through fertility treatment;

(3) the enrollee has undergone not more than three (3) oocyte retrievals;

(4) the procedures for in vitro fertilization, gamete intrafallopian tube transfer, or zygote intrafallopian tube transfer are performed at medical facilities that conform to the guidelines of the American College of Obstetricians and Gynecologists for in vitro fertilization clinics; and

(5) the procedure is performed by a physician whose practice involves the diagnosis or treatment of infertility for at least fifty percent (50%) of the physician's patients.

(f) A health maintenance organization may not cover a procedure under subsection (d) if the procedure involves the disposal of fertilized eggs.

SECTION 4. [EFFECTIVE JULY 1, 2005] (a) IC 5-10-8-7.9, as added by this act, applies to a self-insurance program or a contract to provide health services through a prepaid health care delivery plan that is established, delivered, entered into, or renewed after June 30, 2005.

(b) IC 27-8-14.9, as added by this act, applies to policies issued, delivered, amended, or renewed after June 30, 2005.

(c) IC 27-13-7-19, as added by this act, applies to contracts entered into, delivered, amended, or renewed after June 30, 2005.

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